

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155572		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/27/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN HILLS HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E COUNTY LINE RD DEMOTTE, IN 46310			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for a Post Survey Revisit (PSR) to the PSR completed on 02/08/12 to the Recertification and State Licensure Survey completed on 12/20/11. This visit included the Post Survey Revisit (PSR) to the PSR completed on 02/08/12 to the Investigation of Complaint IN00100554 completed on 12/20/11.</p> <p>Complaint IN00100554- corrected.</p> <p>Survey dates: March 26 and 27, 2012</p> <p>Facility number: 000471 Provider number: 155572 AIM number: 100290390</p> <p>Survey team: Regina Sanders, RN, TC Sheila Sizemore, RN (March 27, 2012) Marcia Mital, RN (March 27, 2012)</p> <p>Census bed type: SNF/NF: 63 Residential: 11 Total: 74</p> <p>Census payor type: Medicare: 17 Medicaid: 42 Other: 15</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Total: 74</p> <p>Sample: 9</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 29, 2012 by Bev Faulkner, RN</p>						

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F0309 SS=B	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a resident received the necessary care and services related to monitoring a high blood sugar for 1 of 9 residents reviewed for necessary care and services in a total sample of 9. (Resident #23)</p> <p>Findings include:</p> <p>Resident #23's record was reviewed on 03/27/12 at 11:30 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus and congestive heart failure.</p> <p>A physician's order, dated 02/09/12, indicated an order to monitor the resident's blood sugar four times a day and give insulin as indicated by the results of the blood sugar test (sliding scale). The order indicated if the resident's blood sugar was 401 or above (normal 70-110) to give 12 units of Humalog insulin and to recheck the blood sugar in 30 minutes and if the blood sugar was still greater than</p>			F0309	<p>F309 The facility is requesting paper compliance for this deficiency.</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified: Resident #23 had no adverse effects. Listing of her blood sugars for February and March were given to the physician for review. No changes in orders were received. Responsible nurses have been counseled.</p> <p>2) How the facility identified other residents: All residents that have diabetes have been reviewed to identify any</p>		04/10/2012

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	<p>400, to call the resident's physician.</p> <p>The resident's Medication Administration Record (MAR), dated 02/12, indicated the resident's blood sugar on 02/23/12 at 4 p.m., was 529 and the resident received 12 units of insulin. There was a lack of documentation on the MAR and the Nurses' Notes on 02/23/12 to indicate the blood sugar had been rechecked 30 minutes after giving the insulin.</p> <p>The resident's MAR, dated 02/12, indicated the resident's blood sugar on 02/23/12 at 8 p.m. was 592 and the resident received 12 units of insulin. There was a lack of documentation on the MAR and the Nurses' Notes on 02/23/12 to indicate the blood sugar had been rechecked 30 minutes after giving the insulin.</p> <p>The resident's Nurses' Notes, dated 02/23/12 at 4:31 p.m. and 9:56 p.m., lacked documentation to indicate the resident had been assessed for high blood sugar (increased thirst, increased urination, head-ache, tiredness, increased heart rate, nausea/vomiting)</p> <p>The resident's MAR, dated 02/12, indicated the resident's blood sugar on 02/24/12 at 8 p.m. was 420 and the resident received 12 units of insulin.</p>		<p>other residents that may have been affected.</p> <p>3) Measures put into place/ System changes: Licensed Nurses have been re-educated on all Diabetes Policies, Physician Notification Policy, Signs and symptoms of hyperglycemia and hypoglycemia, and Documentation. Pharmacist has re-educated licensed nurses regarding insulin and oral diabetic agents, peak, onset and duration times, action and required monitoring. DON or designee will review Glucometer results a minimum of three times per week to identify any errors. Glucometer Error report will be completed for each error identified, the physician notified of the error and the responsible nurse counseled.</p> <p>4) How the corrective actions will be monitored: DON or designee will present the results of the audits to the Quality Assurance Committee</p>				

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	<p>There was a lack of documentation on the MAR and Nurses' Notes on 02/24/12 to indicate the blood sugar had been rechecked 30 minutes after giving the insulin.</p> <p>The resident's Nurses' Notes, dated 02/24/12, lacked documentation to indicate the resident had been assessed for high blood sugar.</p> <p>The resident's MAR, dated 03/12, indicated the resident's blood sugar on 03/03/12 at 8 a.m., was 404 and the resident received 12 units of insulin. There was a lack of documentation on the MAR and Nurses' Notes on 03/03/12 to indicate the blood sugar had been rechecked 30 minutes after giving the insulin.</p> <p>The resident's Nurses' Notes, dated 03/03/12, lacked documentation to indicate the resident had been assessed for high blood sugar.</p> <p>The resident's MAR, dated 03/12, indicated the resident's blood sugar on 03/06/12 at 8 p.m., was 465 and the resident received 12 units of insulin. There was a lack of documentation on the MAR and Nurses' Notes on 03/06/12 to indicate the blood sugar had been rechecked 30 minutes after giving the</p>			<p>monthly for three months and quarterly times one.</p> <p>5) Date of compliance: 4/10/2012</p>			

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	<p>insulin.</p> <p>The resident's Nurses' Notes, dated 03/06/12, lacked documentation to indicate the resident had been assessed for high blood sugar.</p> <p>During an interview on 03/27/12 at 2:05 p.m., the Director of Nursing (DoN) indicated she could not find documentation to indicate the resident's high blood sugar had been monitored 30 minutes after receiving the insulin. She indicated she had spoken to a couple of the nurses and they were unable to say if the blood sugar had been monitored 30 minutes after the insulin had been given.</p> <p>A facility policy, dated 03/11, titled, "Hyperglycemia/Diabetic Coma/Ketoacidosis-Treatment" (high and low blood sugar), received from the RN Corporate Consultant as current, indicated, "Purpose: To bring a resident's blood sugar level down to acceptable range...Early signs and symptoms of Hyperglycemia....increased thirst....increased urination c. Headache....appears tired e. Restlessness...increased heart rate...Nausea and/or vomiting...The resident's physician will be notified when blood sugars are...above 400..., unless otherwise specified by the physician's</p>						

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R0000	<p>orders...Assess..."</p> <p>This deficiency was cited on 12/20/11 and 02/08/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-37(a)</p>			R0000			